

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
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46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.			2			
TOTAL DEP.			38			
TOTAL CLAIMS			40			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
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TOTAL DEP.						
TOTAL CLAIMS						